

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN386AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2009
NAME OF PROVIDER OR SUPPLIER ST JAMES HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2315 E 9TH STREET RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on July 21, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 7/21/09, the facility	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 failed to ensure 2 of 3 caregivers complied with NAC 441A.375 regarding obtaining a physical examination as part of the required tuberculosis testing (Employee #1 and #2) for the protection of all residents. Severity: 2 Scope: 3	Y 103			
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review on 7/21/09, the facility failed to have its automatic fire alarm system annually inspected. Severity: 1 Scope: 3	Y 207			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all	Y 936			

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Y 936	<p>Continued From page 2</p> <p>records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/21/09, the facility failed to ensure 1 of 3 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2) which affected all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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